

# Risk Factors for Illness

*Goal: Utahns will achieve a higher quality of life by adopting safe, healthy lifestyles and providing safe and healthy environments.*

- ◆ Environmental Risk Factors
- ◆ Lifestyle Risk Factors

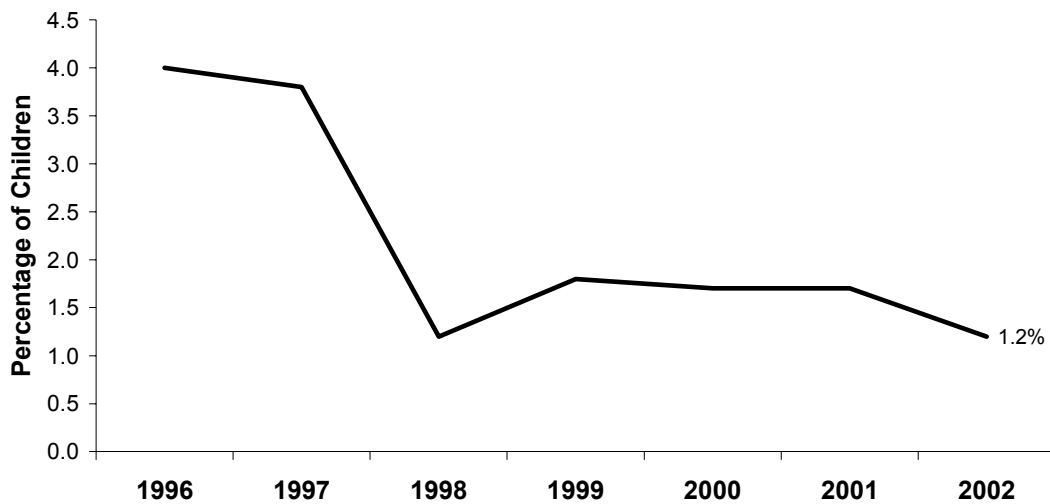


## Blood Lead in Children

*Lead poisoning is the most significant and prevalent disease of environmental origin among children living in the United States. Despite considerable knowledge and increased screening and intervention efforts, lead exposures remain prevalent. Environmental lead is a toxic substance that is affecting the growth and development of up to one million U.S. preschool children today, with effects ranging from learning disabilities to death.*

*Lead-contaminated water, soil, and paint have been recognized as potential sources of children's lead exposure. Dust from deteriorating lead-based paint is considered to be the largest contributor to the lead problem. Until the 1950s, many homes were covered inside and out with leaded paints and in 1977 it was banned from use in homes. Another environmental source of lead in Utah, is household dust and soil containing particles of lead from mining waste. Communities built near or on mining and smelting waste piles, where children may play, is a significant source of lead exposure in children.*

Prevalence of Children with Blood Lead Levels  $\geq 10$  ug/dL,  
Ages 0-5 Years, Utah, 1996-2002



Sources: Utah Blood Lead Registry; Environmental Epidemiology Program, Division of Epidemiology and Laboratory Services, Utah Department of Health

Note: Prior to 1996, results on children were not collected, therefore, this calculation was not made for those years.

- The Utah Department of Health/Environmental Epidemiology Program (EEP) collaborates with clinical laboratories to report all blood lead tests conducted on Utah residents. The local health department assists the EEP by providing case management of children identified with an elevated blood lead level (EBL), and providing educational, medical, and environmental assessments to parents. Surveillance data is kept in the Utah Blood Lead Registry (UBLR), housed in the EEP. The analysis of the data helps in determining trends, prevalence of EBL children, screening rates among specific high-risk populations and areas identified high risk such as older housing and mining communities.
- Utah Administrative Code R386-703 (Injury Reporting Rule) establishes an injury surveillance and reporting system for major injuries occurring in Utah. Lead poisoning was added to the list of reportable injuries in 1990. Since January 1997, all persons with whole blood lead concentrations of  $>10$  ug/dL are reportable.

### Safe Restaurant Food

*Foodborne disease outbreaks sometimes result from failures in protective systems, but are more often the result of improper food handling. Children, the very old, and people with weakened immune systems are at increased risk of infection and death resulting from food contamination.*



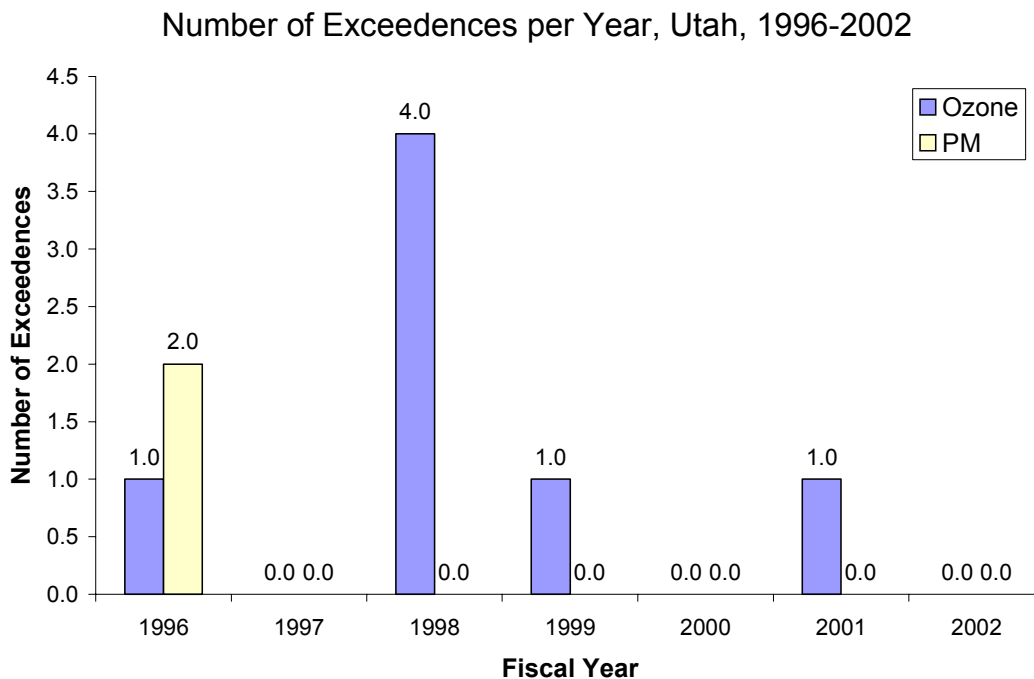
Source: Environmental Epidemiology Program, Division of Epidemiology and Laboratory Services, UDOH

- The number of licensed food establishments increased 3% from 7,997 in 2001 to 8,220 in 2002.
- The Food and Drug Administration recommends a minimum staffing ratio of 1 restaurant inspector (full-time equivalent, or FTE) for every 150 food establishments. Only four local health departments met this standard in 2001.
- Local health departments had 37.4 FTEs committed to inspecting 8,220 food service establishments in 2002. To meet minimum staffing ratios, local health departments would need more than 17 additional FTEs.
- Since 1996, a 30% annual turnover rate for local health department restaurant inspectors has been documented.
- The Utah Department of Health has only one FTE available to provide training, standardization, data collection, and other support for the statewide food protection program.

## Air Quality

*Air quality plays a fundamental role in health and disease. Particulate matter, carbon monoxide, and sulfur dioxide affect breathing and respiratory function. Existing respiratory and cardiovascular disease may be aggravated, the body's defense system against bacteria and viruses may be altered, and lung tissue may be damaged. Health threats are most serious for those who suffer from cardiovascular disease, asthma, emphysema, influenza, and bronchitis. Children and the elderly are also likely to be adversely affected by heavy concentrations of these pollutants.*

*HEALTHY PEOPLE 2010 OBJECTIVE 8-1A GOAL: HARMFUL AIR POLLUTANTS - PERSONS EXPOSED TO OZONE (0%). (SEE APPENDIX)*



Source: U.S. Environmental Protection Agency (EPA), Office of Air and Radiation, AIRS data

Note: An "exceedence" is a day on which the air content exceeded the criterion for that pollutant, at any time during the day, at any of Utah's air monitoring stations.

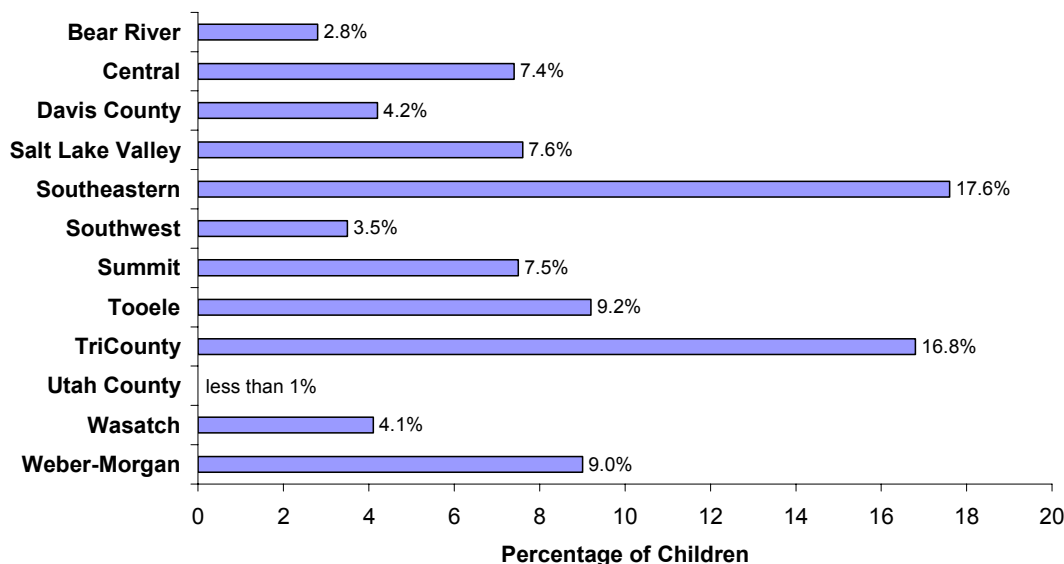
- Air quality is a serious health concern for the United States and for Utah. Despite its large land area, Utah's population is very highly concentrated in urban areas. Along the Wasatch Front, 60% of particulate matter and 70% of carbon monoxide emissions come from vehicles. The I/M (Motor Vehicle Inspection/Maintenance) programs in Davis, Salt Lake, Utah, and Weber counties facilitate proper maintenance of cars and trucks to reduce emissions.
- The Utah Division of Air Quality issues health advisories whenever pollution increases to levels of concern as determined by U.S. Environmental Protection Agency criteria. Health advisories are most critical for people with respiratory and heart diseases, the elderly, and children. When a health advisory is issued, they should limit outdoor exertion whenever possible.
- A variety of regulatory controls on industrial sources reduce particulate emissions. During the last several years, the Western Regional Air Partnership (WRAP), has forged a plan to reduce man-made haze. WRAP's efforts should reduce haze in urban and rural, scenic areas.

### Secondhand Smoke - Children Exposed

*Childhood exposure to secondhand smoke, which can begin before birth and continue through childhood, is a major cause of morbidity in children. The presence of a smoker in a child's household has been shown to increase the child's risk for middle ear infections, asthma and other respiratory tract illnesses, sudden infant death syndrome (SIDS), and fire-related deaths and injuries. In addition, teens who live with smokers are more likely to become smokers themselves. Educational interventions and public policy to prevent children's exposure to tobacco smoke can lead to improved health and substantial savings in societal and health care costs.*

*HEALTHY PEOPLE 2010 OBJECTIVE 27-9 GOAL: EXPOSURE TO TOBACCO SMOKE AT HOME - CHILDREN (AGES 6 YEARS AND UNDER) (10%). (SEE APPENDIX)*

Percentage of Children Who Had Been Exposed to  
Cigarette Smoke Inside the Home by Local Health District,  
Utah Children Age 17 or Less, 2001



Source: Utah Health Status Survey, Office of Public Health Assessment, Utah Department of Health

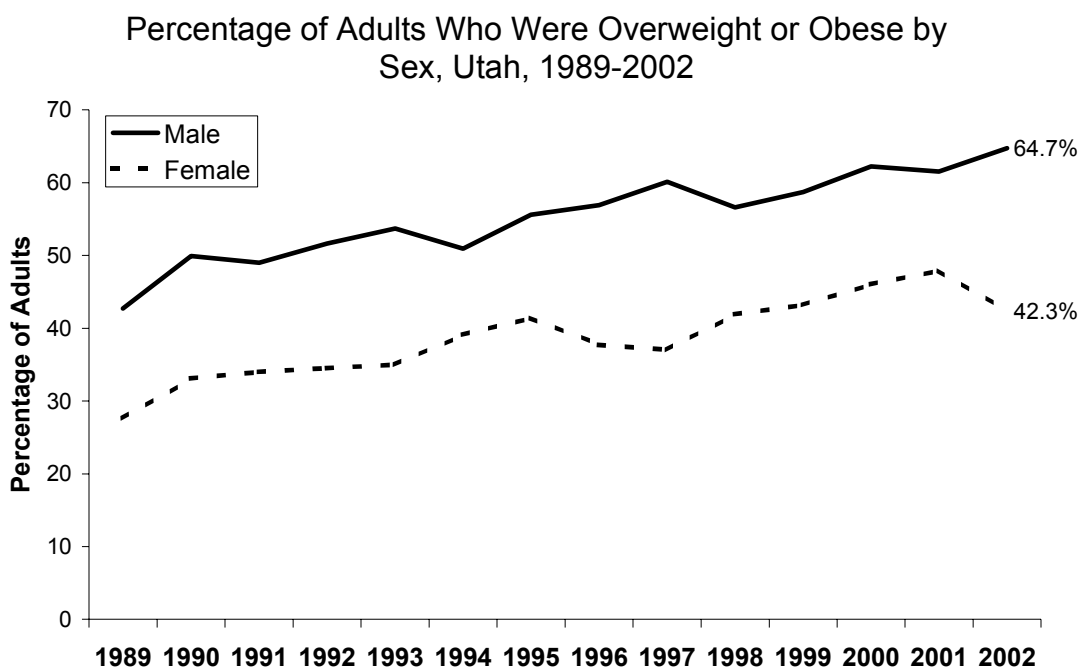
Note: Due to a low rate of in-home secondhand smoke exposure and an insufficient sample size no estimate could be calculated for Utah County Health District.

- It was estimated by the 2001 Utah Health Status Survey that 6% of children (43,500 Utah children) were exposed to secondhand smoke by adults who smoked inside the home.
- Children who live in households with an annual income of less than \$20,000 are more likely to be exposed to tobacco smoke in their homes than children who live in households with annual incomes of \$45,000 or higher.
- Educational interventions and public policy to prevent children's exposure to tobacco smoke can lead to improved health and substantial savings in societal and health care costs.
- The TRUTH anti-tobacco media campaign educates Utahns about the health risks of secondhand smoke. In addition, the Tobacco Prevention and Control Program and its partners, local health departments, health care providers, and apartment/condominium owners, are working together to provide families with information and assistance to prevent secondhand smoke exposure in their homes.

## Overweight or Obese

*Being overweight increases the risk of many chronic diseases, including heart disease, stroke, hypertension, type 2 diabetes, osteoarthritis, and some cancers. Obesity is the second leading cause of preventable death in the U.S.<sup>19</sup> Utahns have been gaining weight so rapidly that in 2002 over half of all adults were overweight or obese. The obesity epidemic among Utahns threatens to reverse the decades-long progress made in reducing death from chronic disease.*

*HEALTHY PEOPLE 2010 OBJECTIVE 19-2 GOAL: OBESITY IN ADULTS (AGE-ADJUSTED, AGES 20 YEARS AND OLDER) (15%). (SEE APPENDIX)*



Source: Behavioral Risk Factors Surveillance System, Office of Public Health Assessment, Utah Department of Health

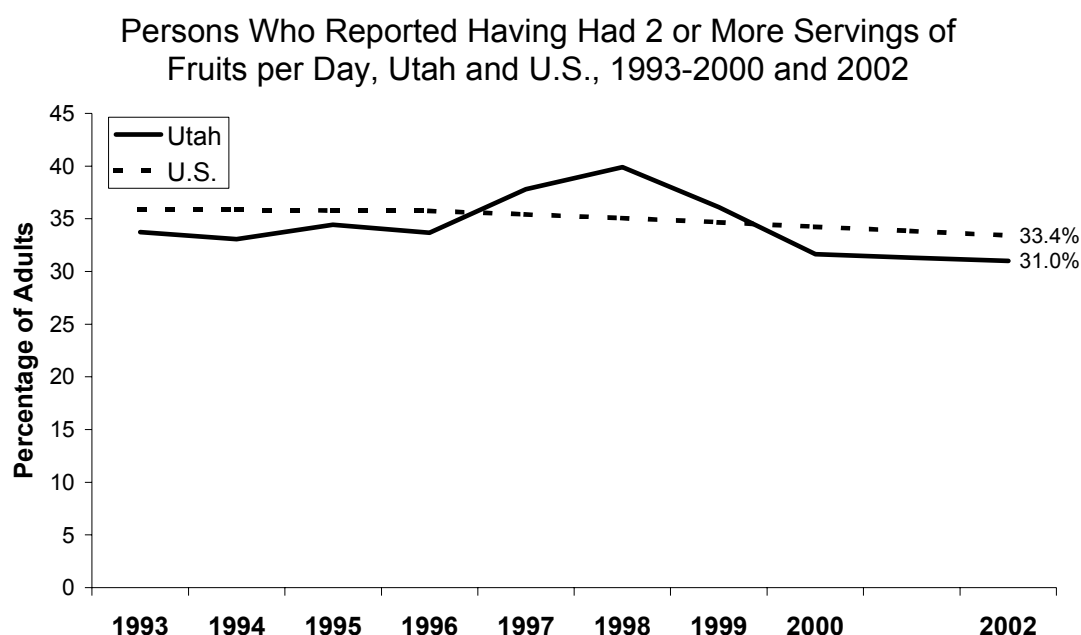
Note: Overweight or obese is defined as a BMI (Body Mass Index) of 25 or more. BMI is calculated by dividing weight in kilograms by the square of height in meters

- The percentage of adults who were overweight or obese increased steadily in Utah and the U.S. in the last decade with a slight downward trend in 2002 in females. In Utah, the percentage of overweight or obese individuals increased from 35.0% in 1989 to 55.6% in 2002. In fact, the number of overweight or obese Utahns has more than doubled since 1989 from an estimated 388,500 persons to an estimated 811,265 persons in 2002.
- More Utah men than women were overweight or obese during the time period 1989 through 2002, and this trend was seen across all age groups. The percentage of overweight or obese Utahns increased with age through 64 years and then decreased for those 65 years or older.
- Genetic or familial factors may increase the risk for being overweight or obese for some people, but anyone whose calorie intake exceeds the number of calories they burn is at risk. Physical activity and a healthy diet are both important for maintaining a healthy weight.
- The Utah Alliance for Cardiovascular Health has developed a comprehensive state plan. The plan includes UDOH activities for obesity prevention and reduction.

### 5 A Day - Fruit (2 or More)

*There are many benefits to eating fresh fruits and vegetables, including weight loss, a decrease in the risk of certain types of cancer, and a lower risk of heart disease. Some of the benefits result directly from the fruits and vegetables, and other benefits derive from the fact that if a person consumes five servings of fruits or vegetables a day, he or she is usually consuming fewer less-healthy foods, such as foods that are high in fat or calories.*

*HEALTHY PEOPLE 2010 OBJECTIVE 19-5 GOAL: FRUIT INTAKE - AT LEAST TWO DAILY SERVINGS (AGE-ADJUSTED, AGES 2 YEARS AND OLDER) (75%). (SEE APPENDIX)*



Sources: Utah Data: Behavioral Risk Factors Surveillance System, Office of Public Health Assessment, Utah Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)

Note: Age-adjusted to U.S. 2000 standard population.

U.S. data do not include U.S. territories, but do include District of Columbia.

In the odd years, not all states asked the 'Fruit and Vegetable' questions on their state BRFSS surveys, so the U.S. number shown is simply the average of the previous and next year.

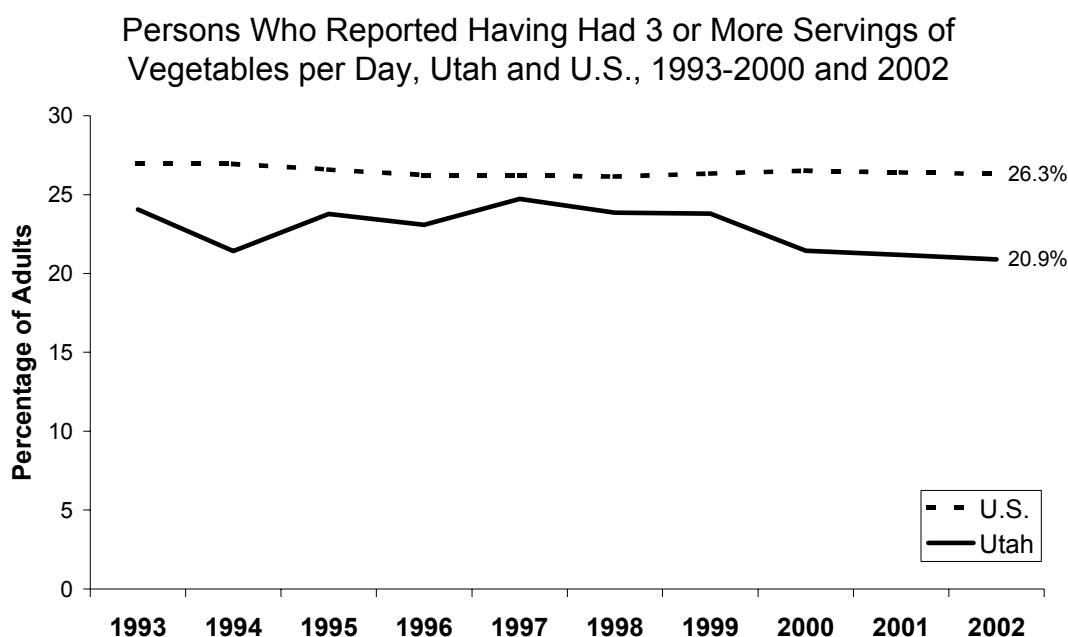
- In 2002, only 31% of Utah adults reported eating two or more servings of fruit each day.
- There is some evidence that people who form the habit of eating fruits and vegetables early in life are likely to maintain the behavior as adults.<sup>20</sup>
- People who eat few fruits and vegetables are at higher risk for developing several types of cancer, heart disease, stroke, and other chronic diseases.
- 5 a Day, a statewide partnership-based program, promotes the message to eat five servings of fruits and vegetables each day for better health. 5 a Day at School has reached more than 90% of Utah's elementary schools. Since the implementation of the 5 a Day program in 1994, Utah adults' awareness of the 5 a Day message has increased from 4.6% to 34.7%.



## 5 A Day - Vegetables (3 or More)

*There are many benefits to eating fresh fruits and vegetables, including weight loss, a decrease in the risk of certain types of cancer, and a lower risk of heart disease. Some of the benefits result directly from the fruits and vegetables, and other benefits derive from the fact that if a person consumes five servings of fruits or vegetables a day, he or she is usually consuming fewer less-healthy foods, such as foods that are high in fat or calories.*

*HEALTHY PEOPLE 2010 OBJECTIVE 19-6 GOAL: VEGETABLE INTAKE - AT LEAST THREE DAILY SERVINGS, WITH AT LEAST 1/3 BEING OF DARK GREEN OR DEEP YELLOW (AGE-ADJUSTED, AGES 2 YEARS AND OLDER) (50%). (SEE APPENDIX)*



Sources: Utah Data: Behavioral Risk Factors Surveillance System, Office of Public Health Assessment, Utah Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)

Note: Age-adjusted to U.S. 2000 standard population.

U.S. data do not include U.S. territories, but do include District of Columbia.

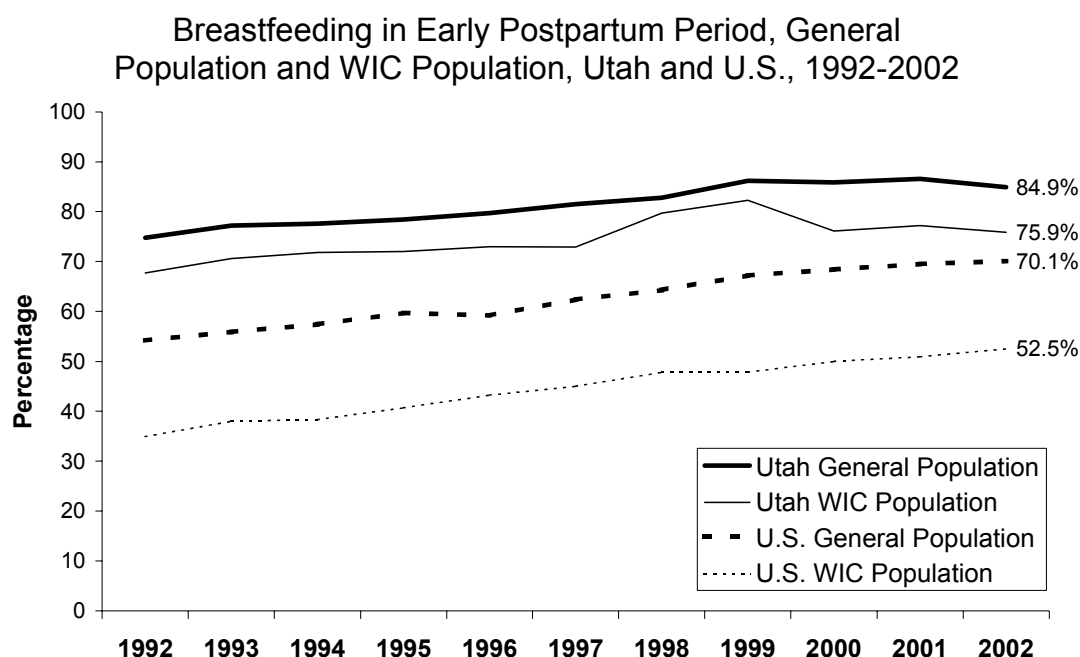
In the odd years, not all states asked the 'Fruit and Vegetable' questions on their state BRFSS surveys, so the U.S. number shown is simply an average of the previous and next year.

- Only 20.9% of Utah adults reported eating three or more daily servings of vegetables in 2002.
- The percentage of Utah adults who reported eating three or more daily servings of vegetables has consistently been below the U.S. percentage. For example, this percentage was 20.9% in Utah and 26.3% in the U.S. in 2002.
- Overall, more men than women reported eating 5 a Day and older Utahns were more likely to eat 5 a Day than younger Utahns.
- 5 a Day, a statewide partnership-based program, promotes the message to eat five servings of fruits and vegetables each day for better health. 5 a Day at School has reached more than 90% of Utah's elementary schools.

### Breastfeeding in Early Postpartum Period

*Breastfeeding provides a variety of important benefits for infants, mothers, families, society, and environment. It is the normal, preferred feeding for all infants, including premature and sick babies, with rare exceptions.<sup>21</sup> Breastmilk benefits the newborn infant by providing the ideal balance of nutrients, enzymes, immunoglobulin, anti-infective and anti-inflammatory substances, hormones, and growth factors. Breastfeeding helps the mother return to the physiologic pre-pregnant state. It benefits both mother and child by providing a time of intense, nurturing maternal-infant interaction. In addition, breastfeeding provides social and economic benefits to the family, including reduced health care costs and reduced employee absenteeism for care related to children's illnesses.*

*HEALTHY PEOPLE 2010 OBJECTIVE 16-19A GOAL: BREASTFEEDING - IN EARLY POSTPARTUM PERIOD (75%). (SEE APPENDIX)*



Sources: CDC Pediatric Nutrition Surveillance; Mother's Survey, Ross Products Division, Abbott Laboratories; Utah Women, Infants and Children (WIC) Program, Division of Community and Family Health Services, Utah Department of Health

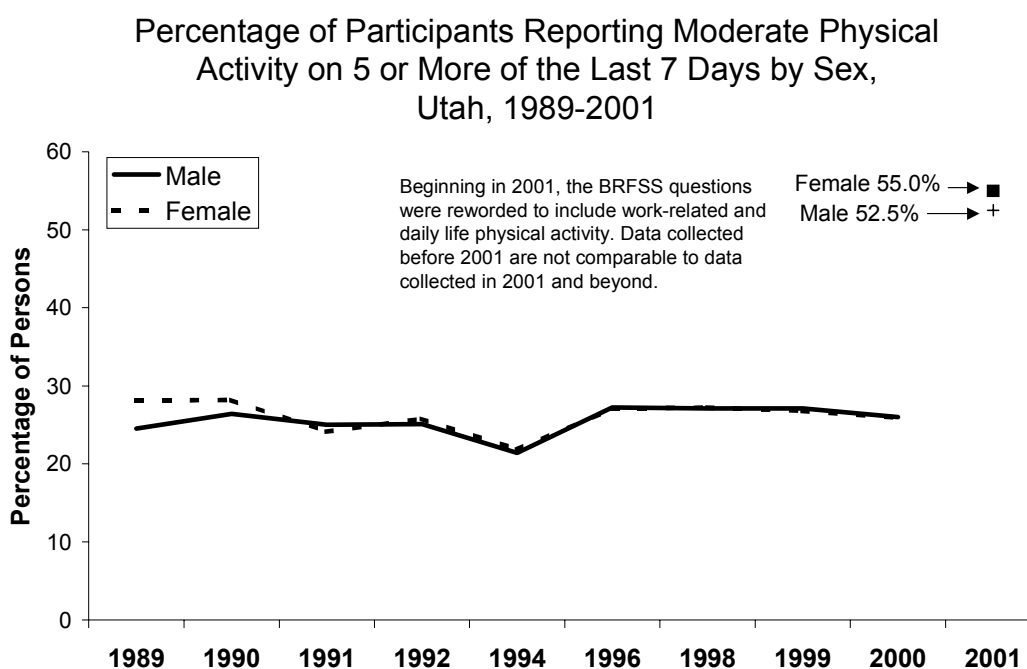
Note: Utah WIC Program data for 1998-1999 shows aberration; cause for this has not been identified.

- The Healthy People 2010 goal of early postpartum breastfeeding rates of at least 75% has been met in Utah, for both the general population and the WIC Program for 2002. The Utah WIC Program ranks 4th among participating states for percentage of infants ever breastfed.
- Pregnant women are encouraged to discuss their feeding choices with their prenatal care provider to receive prenatal education, to request assistance from a lactation professional in the hospital, and to be seen by their health care provider within the first week to ensure normal initiation of breastfeeding. No hospitals in Utah have achieved "Baby Friendly" status based on the Ten Steps established by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).
- Breastfeeding promotes optimal health status for infants and mothers, and may provide long-term health benefits as well (for the infant, protects against obesity, diabetes, Crohn's disease, promotes positive oral health; for the mother, protects against anemia, overweight, breast cancer, and osteoporosis).

## Physical Activity

*Physical activity is recognized as an independent protective factor against cardiovascular disease. It has been shown to reduce the risk of some cancers, diabetes, stroke, and heart disease, and improve general physical and mental health. Weight-bearing activity improves bone density, reducing the risk of hip fracture in elderly persons. Regular activity helps to relieve pain from osteoarthritis. It would be difficult to overestimate the health-promoting influence of regular physical activity.*

*HEALTHY PEOPLE 2010 OBJECTIVE 22-2 GOAL: MODERATE PHYSICAL ACTIVITY (AGE-ADJUSTED, AGES 18 YEARS AND OLDER) (30%). (SEE APPENDIX)*



Source: Utah Data: Behavioral Risk Factors Surveillance System, Office of Public Health Assessment, UDOH

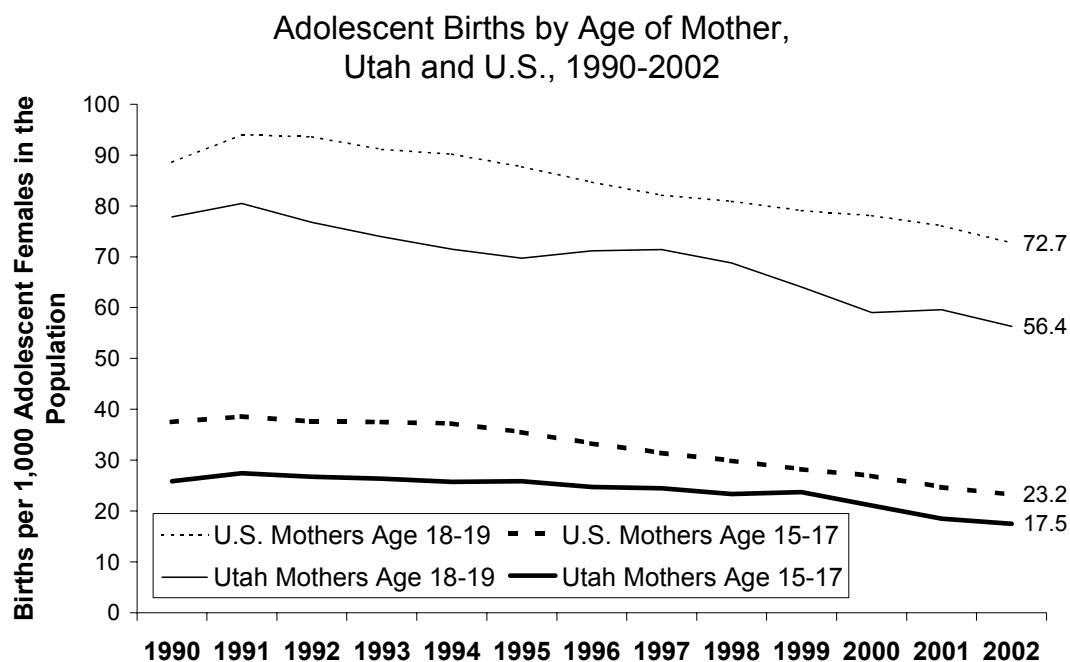
Note: Moderate activity is defined by BRFSS definition of regular physical activity 5 or more sessions per week, 30 minutes or more per session, regardless of intensity.; Through the year 2000, this indicator focused on leisure time activities, but did not capture information on occupational activities and activity incorporated into daily life.

- In 2001, 53% of Utah males and 55% of Utah females reported at least 30 minutes of moderate physical activity on five or more days a week. In 2001, the BRFSS survey questions changed to include both leisure-time and work-related physical activity.
- When compared to the nation, Utahns are more physically active. In 2000, 30.0% of Utahns engaged in 30 minutes of regular physical activity on most days of the week. Nationally, the rate was 26.0%.
- Small changes in levels of physical activity such as walking or gardening can lead to big improvements in personal health. Even moderate amounts of exercise can substantially reduce an individual's chance of dying from heart disease, cancer, or other causes.
- The Cardiovascular Health Program and the Utah Alliance for Cardiovascular Health promotes physical activity among Utahns by working collaboratively with communities, worksites, schools, and local health departments.

### Adolescent Births

Research indicates that bearing a child during adolescence is associated with long-term difficulties for the mother, her child, and society. These consequences are often attributable to the poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.

Compared to babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birthweight and infant mortality. These babies are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn a high school diploma. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earning potential.



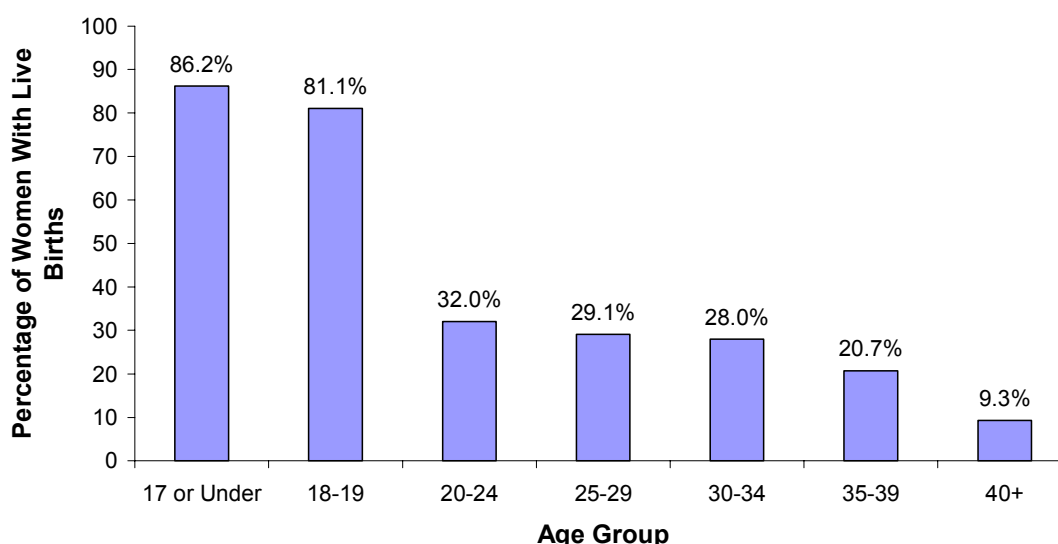
Sources: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health; Population Estimates: Utah Governor's Office of Planning and Budget; National Center for Health Statistics

- Over 80% of births to adolescent mothers age 19 and younger were reported by the mother as “unintended” in the 1999 Pregnancy Risk Assessment and Monitoring Survey (PRAMS).
- Utah's adolescent birth rate has been lower than the United States' overall rate during the 1990s, but is higher than several other states. Utah's adolescent birth rate has declined over the past decade as have national rates.
- Experiencing birth during adolescence can increase a teen's risk of acquiring a sexually-transmitted infection as well as seriously hinder future financial stability due to limited educational attainment.
- Prevention of teen pregnancy includes programs to encourage sexual abstinence and family planning services. A detailed report on adolescent pregnancy in Utah has been published by the Utah Department of Health and can be accessed on the internet ([www.health.utah.gov/rhp](http://www.health.utah.gov/rhp)).
- The Utah Department of Health funds nine abstinence-only community-based projects for youth 9-14 years throughout the state with federal abstinence education monies.

## Births From Unintended Pregnancies

*Unintended pregnancy is a general term that includes pregnancies that a woman reports were either mistimed or unwanted at the time of conception. Having an unintended pregnancy can contribute to short interpregnancy spacing (span between the birth of one child and the conception of another), which increases the risk of infant morbidity and mortality. In addition, unintended pregnancy can contribute to an increase in the rate of abortions as well as late entry into prenatal care. Women with inadequate care due to late entry are more likely to deliver a low birth weight baby.*

Percentage of Women With Live Births Who Reported Their Most Recent Pregnancy Was Unintended by Age Group, Utah, 1999



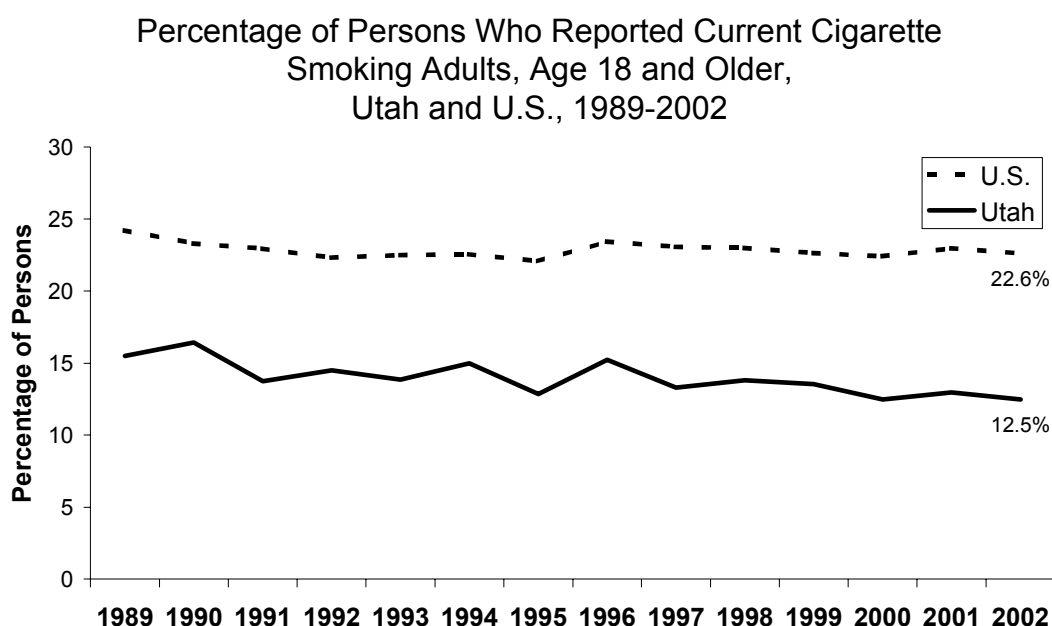
Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS), Utah Department of Health

- In 1999, 33.7% (15,000) of live births in Utah were the result of unintended pregnancies. Overall, slightly less than 20% of Utah women were using birth control at the time they conceived. Of the women who reported their pregnancies as unintended, 42.7% said they were using birth control at the time of conception. Even when properly used, contraceptive methods can fail. But more often, failure results from improper use.
- In order to accomplish, and to exceed, the HP2010 goal of 70% of pregnancies being intended, public health efforts may include:
  - ✓ Health Education - increase knowledge of human reproduction, conception, and proper use of available contraceptive methods; and promote optimal spacing of pregnancies for healthy outcomes.
  - ✓ Reproductive Health Services - increase dialogue between health care providers and women regarding reproductive health and family planning options.
  - ✓ Access to Health Care - improve insurance coverage for family planning services expanded with Primary Care Network.

### Cigarette Smoking Among Adults

*More than 440,000 deaths each year are attributed to cigarette smoking, making it the leading preventable cause of death in the U.S. Smoking increases the risk of chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, and bladder. In addition, smoking contributes to cancer of the cervix, pancreas, and kidneys. Environmental tobacco smoke has been shown to increase the risk of heart disease and lung cancer among nonsmokers.*

*HEALTHY PEOPLE 2010 OBJECTIVE 27-1A GOAL: CIGARETTE SMOKING - ADULTS (AGE-ADJUSTED, AGES 18 YEARS AND OLDER) (12%). (SEE APPENDIX)*



Sources: Utah Data: Behavioral Risk Factors Surveillance System, Office of Public Health Assessment, Utah Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)

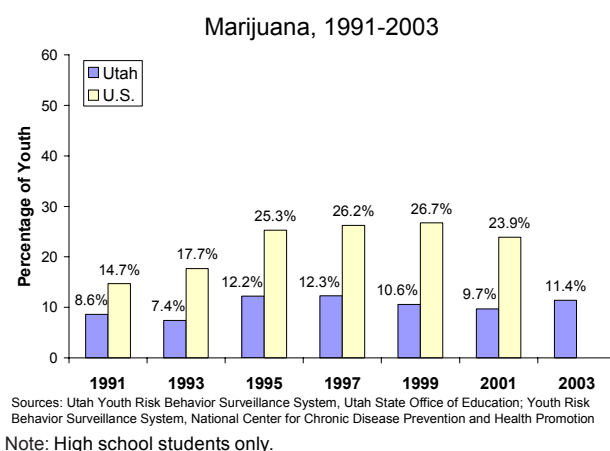
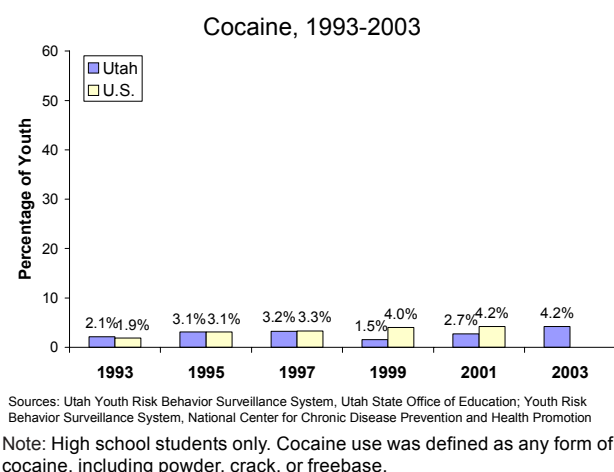
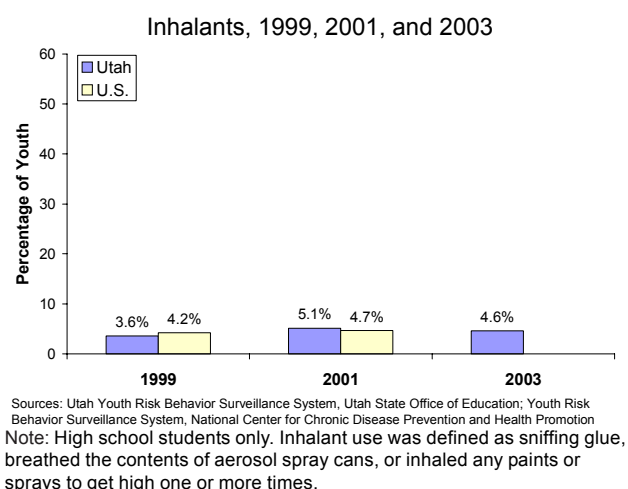
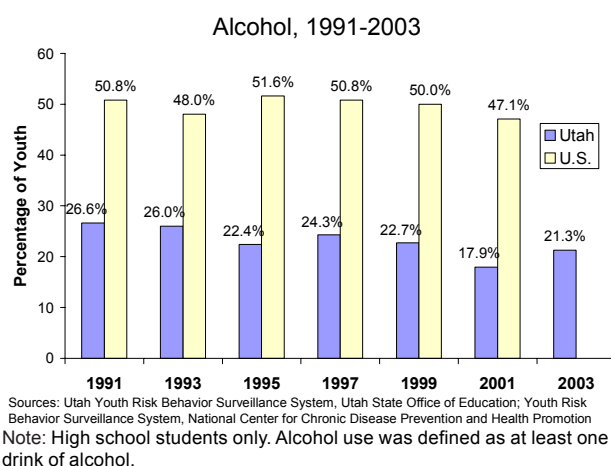
Note: The Behavioral Risk Factor Surveillance System (BRFSS) survey is conducted with a representative sample of non-institutionalized Utah adults living in households with a telephone. Age-adjusted to U.S. 2000 population.

- Although the proportion of Utahns who smoke has decreased in recent years, approximately 200,000 Utah adults still use tobacco. Quitting tobacco use provides major health benefits at any age and increases life expectancy for former tobacco users.
- Cigarette smoking is more common among persons in younger age groups, those with lower levels of education, and those in lower income groups.
- In recent years the Tobacco Prevention and Control Program (TPCP) at the Utah Department of Health (UDOH) and its partners expanded efforts to educate Utahns about the health risks of tobacco use through The TRUTH media campaign and school- and community-based tobacco programs. The TPCP also ensures availability of comprehensive statewide and local services to help tobacco users quit including the Utah Tobacco Quit Line, QuitNet, and local programs for teens, adults, and pregnant women. UDOH data indicate that these efforts are starting to pay off. Tobacco use rates among youth and adults are on a downward trend, more smokers report that they are trying to quit, and fewer retailers are selling tobacco to minors. Continued commitment to TPCP programs will ensure that more Utahns will be protected from disability, disease, and death caused by tobacco use.

## Substance Abuse - Adolescents

According to the U.S. Public Health Service, "Health risk behaviors that contribute to the leading causes of illness, death, and social problems among youth and adults often are established during youth, extend into adulthood, and are interrelated."<sup>3</sup>

### Percentage of Students Who Used an Illegal Substance on One or More of the Past 30 Days, Utah and U.S.



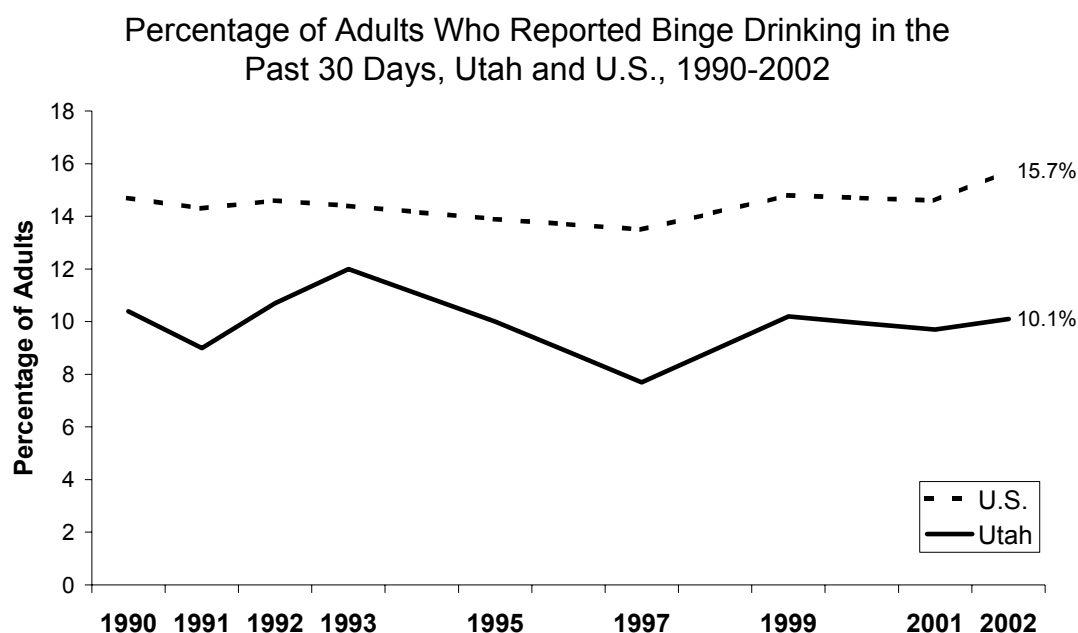
- The most commonly-abused substance among those measured during the Spring of 2003 was alcohol (21%), followed by marijuana (11%), inhalants (5%), and cocaine (4%). While alcohol use was down from 27% in 1991, use of the other three substances has either stayed the same or increased.
- Fourteen percent of Utah high school students had five or more drinks of alcohol in a row (also known as binge drinking) during the past 30 days. On the 2003 survey, a small percentage of students had also reported having used methamphetamines (6% during lifetime), heroin (3% during lifetime), ecstasy (5% during lifetime), and non-prescribed steroids (7% during lifetime).
- While not all youth who abuse substances are necessarily at risk for suicide, youth who commit or attempt suicide are very commonly substance abusers.



### Alcohol Consumption - Binge Drinking

*Binge drinking is an indicator of potentially serious alcohol abuse, and is related to driving under the influence of alcohol. It is a problem nationally, especially among males and young adults. Alcohol abuse is strongly associated with injuries and violence, chronic liver disease, fetal alcohol syndrome, and risk of other acute and chronic health conditions. Binge drinking among women of childbearing age is a problem because of the risk for prenatal alcohol exposure. Birth defects associated with prenatal alcohol exposure can occur during the first 6 to 8 weeks of pregnancy.*

*HEALTHY PEOPLE 2010 OBJECTIVE 26-11C GOAL: BINGE DRINKING - ADULTS (AGES 18 YEARS AND OLDER) (6.00%). (SEE APPENDIX)*



Sources: Utah Data: Behavioral Risk Factors Surveillance System, Office of Public Health Assessment, Utah Department of Health; U.S. Data: National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System (BRFSS)

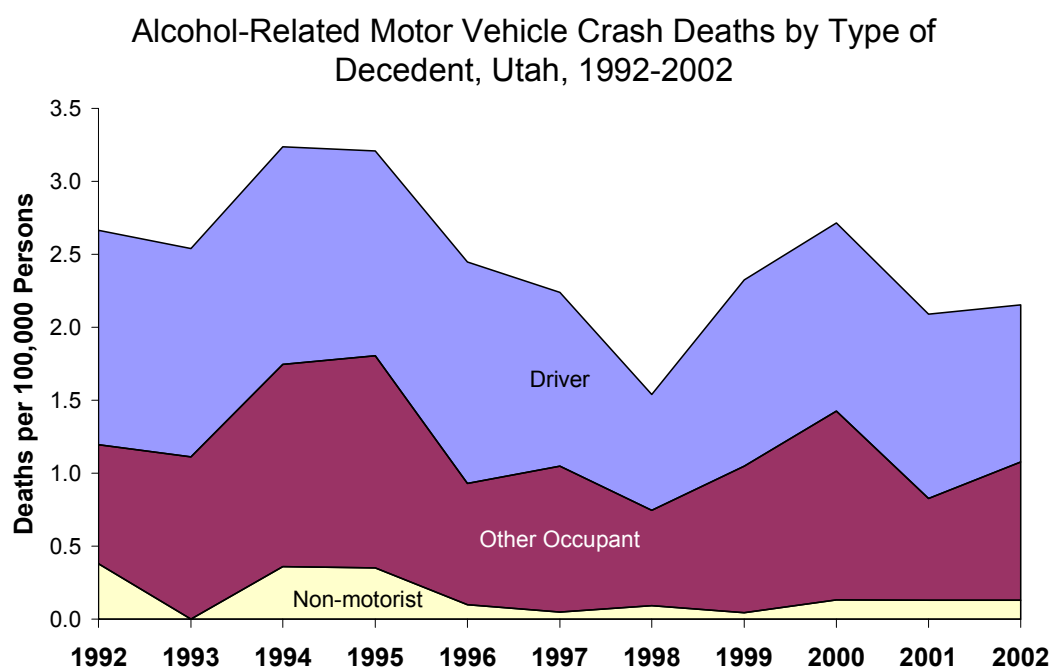
Note: Binge drinking is defined as consuming five or more drinks of alcohol on an occasion one or more times during the past 30 days. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. U.S. data are the average value for all states and the District of Columbia; they do not include U.S. territories. This question was asked in the years 1990-1993, 1995, 1997, 1999, 2001 and 2002.

- In Utah, the percentage of adults who reported binge drinking in the past 30 days fluctuated between a high of 12% in 1989 to a low of 7.7% in 1997. In 2002, 10.1% of Utah adults reported recent binge drinking. Utah still has a way to go to reach the Healthy People 2010 objective of 6%.
- The percentage of adults who reported binge drinking in the past 30 days was substantially lower in Utah than in the U.S. for all years reported between 1989-2002.
- Binge drinking is more common among males and young adults in Utah.
- Substance abuse services are provided by local county governments with administrative oversight and monitoring by the Utah Department of Human Services. Prevention programs are developed and implemented in cooperation with Utah's 13 Local Substance Abuse Authority districts and their local partners.
- DUI: The State of Utah has implemented Prime for Life, a program for convicted DUI drivers.



## Alcohol-related Motor Vehicle Crash Deaths

*Motor vehicle crash deaths were the leading cause of injury death in Utah. Alcohol is a factor in over one fourth of all motor vehicle crashes.*



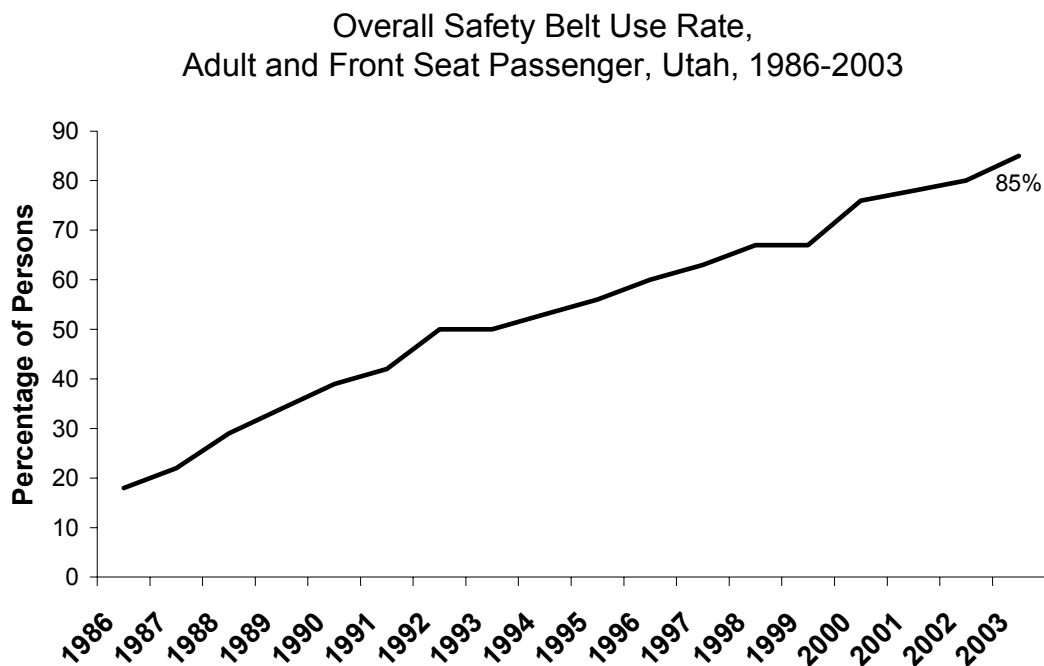
Source: Intermountain Injury Control Research Center

Note: These numbers are based on the crash reports sent to UDOT by police officers who collect the data at the scene of the crash. Alcohol involvement was defined as a contributing factor of "had been drinking," "under the influence of drugs," or "DUI" or a violation code of "DUI driving under the influence." A fatality in this file is one that occurs within 30 days of the crash.

- During 1993-2001, 698 persons died in alcohol-related motor vehicle crashes. Those 20-29 years of age are involved in more alcohol-related motor vehicle crashes and sustain more fatalities as a result than any other age group.
- Utah has the lowest percentage of motor vehicles crash fatalities resultant of alcohol-related impairment.
- A person's driving ability is affected by a Blood Alcohol Concentration (BAC) as low as .02%. The likelihood of a crash increases significantly over .05%.
- Alcohol is a contributing factor in 26.5% of Utah's motor vehicle crashes. When alcohol is involved, crashes tend to be more severe.

### Seat Belts: Safety Restraint Use

*Motor vehicle crashes (MVCs) are the leading cause of injury death and the second leading cause of hospitalization from injury for all ages in Utah. Seat belts are the single most effective safety device in preventing serious injuries and reducing fatalities in MVCs, according to the National Highway Traffic Safety Administration (NHTSA). NHTSA has found that deaths and serious injuries caused by MVCs could be reduced by approximately 50% with proper and consistent use of safety belts. NHTSA estimates that from 1975 through 2001, 147,246 lives were saved by safety belts in the United States. NHTSA also found that the average inpatient cost for crash victims who were not using safety belts was 55% higher than for those who were belted. Ejection from the vehicle is one of the most injurious events that can happen to a person in a crash. Safety belts are effective in preventing total ejections.*



Source: Utah Safety Belt Observational Survey, Utah Highway Safety Office

- Overall safety belt usage has increased from 18% in 1986 to 85% in 2003.
- In the early 1990s, Utah's seat belt usage rate was lower than that of the nation. However, beginning in the year 2000, Utah's rate began to exceed that of the U.S. In 2002, Utah's rate was 85%.
- Younger and less educated drivers are at a greater risk of failure to use safety restraints.
- Lack of automobile seat belt use is related to hospital emergency room visits and hospital admissions due to motor vehicle crash injuries.
- Failure to use seat belts increases the risk of motor vehicle crash deaths.
- The Utah Legislature has passed laws to increase the use of safety restraints and save lives. The support of law enforcement has also been a catalyst in increasing the use of safety restraints and saving lives. Currently, Utah has only a secondary enforcement seat belt law, so there is room for improvement.